

# Iowa Medicaid Enterprise “Endeavors Update”



*A Communications Effort to Strengthen Partnerships*

**Chester J. Culver, Governor**  
**Patty Judge, Lt. Governor**

*Iowa Department of Human Services*  
*Charles J. Krogmeier, Director*  
*Jennifer Vermeer, Medicaid Director*

## Special points of interest:

- IowaCare Update
- CHIPRA Bonus Possible
- Dr. Kline Retires
- HCBS Waiver Series
- School Nurse Initiative
- HIT Plan Approved
- HIPAA 5010

## Iowa Medicaid Director’s Column: Welcome

Welcome to the third edition of the IME “Endeavors Update”. In this month’s newsletter we begin several series of stories to promote better understanding. The first series will help to increase understanding about Home and Community Based (HCBS) Waivers. The initial article will give you a broad overview of the waivers and link you to a helpful brochure and data about the waiting lists.

The second series will provide information about the unusually large number of new projects at the IME. The first article covers the upgrade to HIPAA 5010. We anticipate investing over 20,000 hours on this project alone.

I want to encourage you to visit the new website for the Centers

for Medicare and Medicaid (CMS) Innovation, otherwise known as the “Innovation Center”. You may have heard media coverage of the November 16 launch of the Center. The goal of the Center is “to produce better experiences of care and better health outcomes for all Americans and at lower costs through improvements.”

[www.innovations.cms.gov](http://www.innovations.cms.gov)

Finally, in honor of Veterans Day 2010, I want to share with you the fact that the IME staff has family members currently or previously serving in the Air Force, Navy, National Guard, Marine Corps and Army. In November we posted a list of service personnel with family members working at the IME.

In addition, the IME Social Committee collected supplies, like soap and cards, to send to troops. Thank you to those men and women who serve our Country and thank you to the families who support them.



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## IowaCare Expansion Update

The effort to expand access to IowaCare services is now two months old. On October 1, 2010 approximately 25,000 IowaCare members were assigned to a medical home where they will receive routine care, preventative services, and disease management at four designated clinics. With 41,000 people currently receiving IowaCare benefits, the expansion resulted in more than half

of the enrolled population being able to receive care closer to home. As with any new project, unique challenges and opportunities are presented. In order to anticipate and resolve issues a working group including stakeholders and IME staff began meeting many months ago to address issues as they arose. One challenge identified in the expansion was how to manage pa-

tients’ prescriptions medications. IowaCare has a limited pharmacy benefit; therefore, most of the coordination and costs associated with prescriptions are managed by the providers. A Pharmacy Subgroup has been established to continue to seek solutions, establish interim steps to manage the prescription medications and increase the success of future expansions.

## CHIPRA Bonus Possible

The Centers for Medicare and Medicaid (CMS) notified state officials last December that the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was going to provide “bonus” funds to qualifying states who increased Medicaid enrollment of children above a baseline level. The IME has applied for this funding and, if successful, Iowa could receive as much

as \$6.7 million in bonus payments. To qualify for the additional Federal “bonus” funding, states must be implementing at least five of eight program features that “simplify the application and renewal process”. The eight program features include continuous eligibility, liberalization of asset (or resource) requirements, elimination of in-person interviews, the same application and re-

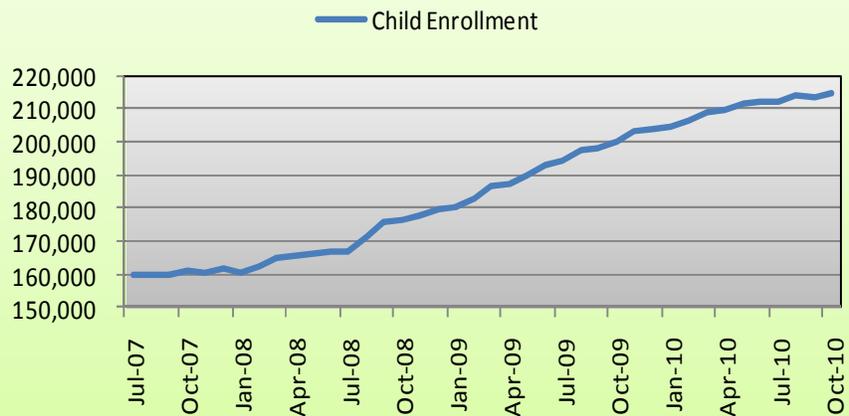
newal process for Medicaid and CHIP, automatic administrative renewal, presumptive eligibility for children, express lane eligibility and premium assistance. The Iowa plan goes beyond the minimum requirement and meets six of the eight program features. The bonus application was due on October 15, 2010 and successful awards are expected by middle to late December.

*“As evidenced by our national rankings, Iowa has done a good job of providing health care coverage to uninsured children. Qualifying for a bonus will recognize the hard work of everyone involved and help fill the projected budget shortfall in this next fiscal year.”*

Anita Smith, Bureau Chief  
Adult & Children’s Medical Programs



### Iowa Medicaid - Child Enrollment



### Did You Know?

#### Iowa Exceeds the National Average for Children’s CHIP Participation

Iowa’s Participation Rate for Children Covered by Medicaid/CHIP is 86.5% .

The National Average for Participation Rate for Children Covered by Medicaid/CHIP is 81.8%.



Go to the link below for a national map with participation rates:

<http://www.insurekidsnow.gov/facts/index.html>

## Iowa Medicaid Enterprise Says “Goodbye to Doc”

This month Dr. Kline retired as IME Medical Director, a position that he has held since 2005. The IME staff held a retirement party with cake, punch and stories on November 4 to send “Doc” off to enjoy his retirement. Andi Dykstra was the Master of Ceremonies for the event for her dear friend Dr. Kline and his wife Diane. Director Vermeer summed up Dr.

Kline’s service with the following remarks: “Prior to Dr. Kline the role of Medicaid Medical Director was limited to procedure reviews. With implementation of the IME and on-site, Iowa resources, Dr. Kline expanded and developed the Medicaid medical director role to have a voice in the health policy conversations in Iowa, such as the Medical Home. He

built relationships with the provider community, led the development of the clinical advisory committee, and developed Iowa Medicaid’s first disease management programs. My standard for a really well run Medicaid program is one that is perfectly balanced between compassion and advocacy for Medicaid members and smart utilization and quality manage-

struck that perfect balance every day, and has been a major part of taking the IME from a collection of nine vendors to a team that works together to get the best results for Iowans.”

*DHS and the IME, along with our stakeholders, wish Dr. Kline a healthy and happy retirement!*



Andi Dykstra and Doctor Kline



Jennifer Vermeer, Andi Dykstra, Dr. Kline and Diane Kline

## Iowa Medicaid Welcomes Dr. Kessler

Dr. Jason Kessler is the new Iowa Medicaid Medical Director. Prior to work at the IME, Dr. Kessler was a practicing pediatrician in Muscatine. He has worked both in a small and large practice and brings that varied perspective to Iowa Medicaid. You can learn more about the work that Dr. Kessler is doing at the IME by reading

his monthly column, entitled the “Medical Director’s Minute”. In this month’s column Dr. Kessler invites providers to share their published clinical data. You can find the column at the IME website at the link to the right. You are encouraged to sign up to receive the “Medical Director’s Minute” electronically by going to the link to the right.

Sign up to receive electronic “Medical Director’s Minute” columns:

<https://secureapp.dhs.state.ia.us/impd>

Read this month’s column at:

<http://www.ime.state.ia.us/Providers/Newsletters.html>

## Better Understanding of Home and Community-Based (HCBS) Waivers (First in a Series)

The Iowa Home and Community Based Services (HCBS) Waivers are Medicaid programs in which the rules have been set aside or “waived” in order to give individuals more choice about how and where they receive services. The waiver programs are available to people with disabilities and older Iowans who need services and support which may allow them to stay in their homes. Individuals must be eligible for Medicaid and meet the requirements of each waiver. Iowa currently has seven Medicaid HCBS waivers. All waivers are unique but there are some common elements including service

coordination from a case manager, individual planning, quality assurance, access to support through the local DHS offices or the IME website, flexible supports, person-centered approach to services and a focus on health and safety. The seven waivers currently offered are Ill & Handicapped Waiver, AIDS/HIV Waiver, Elderly (E) Waiver, Intellectual Disability (ID) Waiver, Brain Injury (BI) Waiver, Physical Disability (PD) Waiver, and Children’s Mental Health (CMH) Waiver. The seven waivers are funded with a mix of state, federal and county funding. The current state/federal

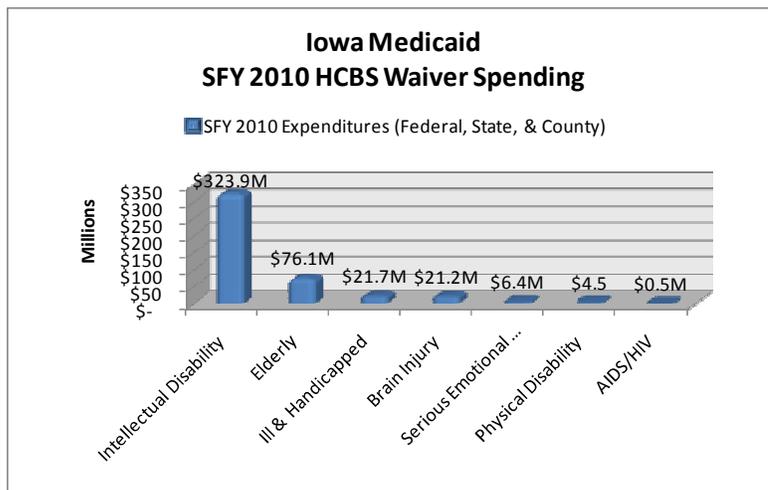
match (without the FMAP enhancements) is usually 37/63 %. As many families and policy makers are aware, there are waiting lists for six out of the seven waivers. There is currently no waiting list for the Elderly Waiver. Waiting list information is maintained daily and posted monthly on the IME website. There were 4,615 individuals (total consumers on all waiting lists) on the wait list as of November 9, 2010. You can view the individual waiver wait lists by clicking on the link below. Watch future newsletters for stories about each of the waiver programs.

*“Waivers have a thirty year history in Iowa as a way of giving individuals more choice in services and as a way of keeping people in their homes and communities. The services available are tailored to meet the specific needs of the target groups.”*

*Deb Johnson  
Bureau Chief  
Long Term Care Unit*

*“We are aware that the waiting lists remain a great challenge to individuals. Legislators have tried to address the situation and progress has been made because of their efforts.”*

*Jennifer Vermeer  
Iowa Medicaid Director*



In SFY 2010, over 25,000 individuals received waiver services. Total spending in SFY 2010 (includes federal, state and county funds) was \$454,285,567.

Waiting list data is kept up to date on a daily basis and posted to the Web site on a monthly basis. The waiting list data is a snapshot. You can find the data at the following link:

<http://www.ime.state.ia.us/docs/2010SlotWaiting.pdf>

A brochure is available online that provides an overview of the (HCBS) Waivers:

<http://www.ime.state.ia.us/docs/HCBSbrochure102606.pdf>



## School Nurses as Health Care Partners

Iowa Medicaid recently rolled out a program that gives Iowa School Nurses the capability to become Qualified Entities (QE's). If a school is a Medicaid provider, nurses at that school may apply to become authorized to make presumptive eligibility determinations for Medicaid. The nurse will be required to complete web-based training and electronic certification. Presumptive Eligibility is a process that provides immediate access to health care services for a child who appears to qualify for Medicaid or hawk-i while his or her eligibility is determined by DHS. Presumptive Eligibility makes it possible for children to receive immediate medical services or prescriptions within 24-48 hours of the approval, or "Notice of Decision" and assures providers that they will receive payment. No verification of

income is needed at the time the Presumptive Eligibility determination is made. The child's family completes an original application form that the school nurse will enter into an online Iowa Medicaid application. If the student is found eligible, the QE school nurse prints and provides a Notice of Decision to the family. Iowa has 361 school districts and 628 school nurses. An Iowa school district that provides special education Individual Educational Program (IEP) services or primary care and preventative school based health center services may become enrolled as Medicaid providers. Approximately 280 of Iowa's school districts are currently Medicaid providers. Roll out of the new QE program included a well received presentation in Iowa City at the University of Iowa's 36th Annual School Nurse Confer-

ence on October 14. Over 150 school nurses heard the program co-presented by the Iowa Department of Public Health's Bureau of Family Health and Iowa Department of Education's Bureau of Student and Family Support Services.

*"Thank you to our partners at the Iowa Department of Public Health and Iowa Department of Education for their dedication to the success of this outreach effort."*

*Jennifer Vermeer  
Iowa Medicaid Director*

### Did You Know? Call Volume in October

The Member Services Unit of the Iowa Medicaid Enterprise received 12,230 calls from Medicaid members in the month of October. Average wait time for calls was 22 seconds.

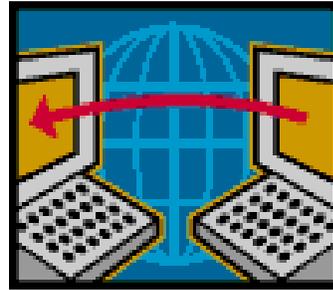
The Provider Services Unit of the Iowa Medicaid Enterprise received 35,076 calls from Medicaid providers in the month of October. Average wait time for calls was 33 seconds.



## Health Information Technology Plan Approved by CMS

In the September "Endeavors Update" Newsletter we informed you that the IME had submitted Iowa's State Medicaid Health Information Technology Plan (SMHP) to CMS. We are pleased to announce that CMS approved the plan on October 12<sup>th</sup> and we are awaiting further information about funding details. As you will recall, the Plan provides a road-map of steps the IME plans to encourage hospitals and health care providers to adopt and meaningfully use electronic

health record systems. It is generally accepted that the use of electronic health records creates a basis for improved care coordination, quality measure, health analytics and evidence based treatment. A key component of the plan is to administer the Medicaid Electronic Health Record (EHR) Incentive Program, an opportunity that Iowa estimates will generate between \$125-225 million



of incentive payments to eligible providers.

<http://www.ime.state.ia.us/Providers/EHRIncentives.html>

## Understanding New Projects at the IME: Upgrade to HIPAA 5010 (First in a Series)

The Iowa Medicaid Enterprise has an unusually large number of new projects in the works in addition to the more highly publicized Affordable Care Act implementation. This series called "Understanding New Projects at the IME" will provide an overview of six of these complex projects. This month's article is an overview of "HIPAA 5010".

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in order to establish national standards for healthcare transactions. Almost every Iowan has felt the impact of the law in one of a variety of ways including patient privacy rights, health insurance portability, and insurance administration simplification. When enacted in 1996 HIPAA was governed by the Accredited Standards Committee (ASC) who established implementation guidelines called "version

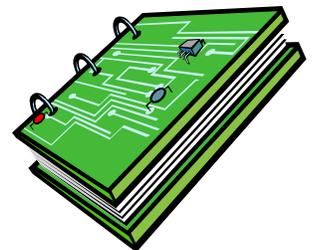
4010" as the new standard for electronic transactions between health care providers and payers. Version 5010 is an updated set of standards that will improve and supersede version 4010 on January 1, 2012. Among the potential benefits of this upgrade includes the elimination of some redundancy and ambiguity, clarification of National Provider (NPI) instructions and a data structure better able to leverage the upcoming switch to the improved ICD-10 Code\* sets (these are the diagnosis and procedure codes that describe medical claims). The new features of the 5010 upgrade fall into four broad categories: front matter changes (which address the consistency and standardization of content presentation), technical improvements (to make information exchange simpler and more effective), structural changes (to streamline transaction components)

and support for ICD-10 (to bring about more accuracy and flexibility in claims coding). The upgrade to 5010 will yield benefits to the IME and providers alike. Currently 77% of the claims processed by the IME come in through an electronic format. The expansion of the data format for these claims will allow claims to be more precisely described, decreasing the need for additional information and providing the opportunity for improved data analytics and program management. The IME anticipates over 20,000 hours will be invested in this project.

*\*ICD-10 is the International Classification of Diseases, the international standard diagnostic classification for all general epidemiological, health management and clinical use.*

*"CMS appreciates Iowa's commitment and dedication to implementing this important new program that will lead to improved healthcare for populations served by the Medicaid Program."*

*Jackie Garner  
CMS Consortium  
Administrator*



Watch future IME Newsletters for the rest of this series, including articles about NCPDP (prescription drug standards) changes, 278 Prior Authorizations, Correct Coding, Atypical Codes and ICD-10 implementation.



***Iowa Medicaid programs serve Iowa's most vulnerable population, including children, the disabled and the elderly.***

We're on the web!

<http://www.ime.state.ia.us/>

Comments, Questions or Unsubscribe  
Please email:  
[IMENewsletter@dhs.state.ia.us](mailto:IMENewsletter@dhs.state.ia.us)

*The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.*

*The Medicaid program is funded by State and Federal governments with a total budget of approximately \$4.2 billion. The \$4.2 billion funds payments for medical claims to over 38,000 health care providers statewide.*

*Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 656,000 Iowans, or 21% of the population in State Fiscal Year 2012.*

### **Reminder**

Informational Letters are no longer being mailed by regular mail. The switch to electronic copies is now complete. You can always view the letters at the Provider Services page on the IME website.

<http://www.ime.state.ia.us/Providers/Bulletins/Bulletins2010.html>

### **Reminder**

The October/November 2010 edition of the Iowa Department of Public Health's "Check-up" Newsletters is now available. The update talks about issues and ideas related to health reform in Iowa.

<http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=CheckUp>

*This update is provided in the spirit of information and education.*

*The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this update.*